

## Ancillary (Part 4) Services Checklist

The following services must submit all of the items outlined below. Some services have additional requirements, which are outlined in the “Additional Requirements” section at the end of the document.

- Behavioral Support Services (level 1)
- Behavioral Support Services (level 2)
- Intensive Behavioral Intervention (level 1)
- Intensive Behavioral Intervention (level 2)
- Environmental Modifications (see “Additional Requirements” section)
- E-Modifications Assessment, Inspection and Training (see “Additional Requirements” section)
- Music Therapy
- Occupational Therapy
- Personal Emergency Response Systems
- Physical Therapy
- Psychological Therapy Services
- Recreational Therapy
- Specialized Medical Equipment/Supplies (see “Additional Requirements” section)
- Specialized Medical Equipment/Supplies Assessment, Inspection and Training
- Speech/Language Therapy

## Required Documentation

### 1. Legal Documents

- Certificate of incorporation/authority from the Secretary of State of Indiana;
- Verification of any assumed business names (DBAs), if applicable, from the Secretary of State of Indiana;
- Verification of a tax identification number from the Internal Revenue Service;
- Proof of registration of any assumed business names (DBAs), if applicable, from office of the County Recorder of each county in which a place of business is located.

*Contact the office of the Secretary of State at (317) 232-6576 for further information or clarification. <http://www.in.gov/sos/business/index.htm>*

### 2. Insurance Coverage (460 IAC 6-12-1 and 460 IAC 6-12-2)

All applications must include proof of insurance meeting the minimum requirements outlined in the 460 IAC 6.

### 3. Financial Documentation (460 IAC 6-11-2 and 6-11-3)

- Current expenses and revenues;
- Projected budgets outlining future operations (i.e., projected future costs and income);
- Letter from a financial institution verifying the financial stability of the entity, which must state the ability to obtain a line/letter of credit in the amount of \$35,000, which will allow the entity to deliver services without interruption for at least two (2) consecutive months without payment.

- If a sole proprietor providing Music Therapy, Recreational Therapy, Physical Therapy, Speech-Language Therapy, or Occupational Therapy is \$3,000
- If providing Environmental Modifications, Specialized Medical Equipment and Supplies, or Personal Emergency Response Systems the line/letter of credit amount is \$3,000

4. Organizational Chart (460 IAC 6-10-6 & 6-16-2)

- A current organizational chart of agency, including parent and subsidiary corporations, if applicable.
- List all agency positions, including vacancies.
  - Include a job description for each position;
  - major duties required of the position;
  - responsibilities of the employee in the position;
  - and the name/title of the supervisor to whom the employee in the position must report.
  - Positions should match the positions noted on the organizational chart.

5. Proof of Managerial Ability (460 IAC 6-6-2)

All applications must include supplemental proof that the principal parties involved possess the managerial abilities to deliver requested services and to manage the business aspects of being a provider. The following must be submitted:

- Resumes;
- Diplomas/transcripts, if applicable;
  - If the resume reflects a college degree, a copy of diploma and transcript must be included.
- Training experience/certifications/licensure.

6. Documentation of Criminal Histories (460 IAC 6-10-5)

- All applications must include documentation of criminal histories meeting the minimum requirements outlined in 460 IAC 6.

***Note:** Verification from the State Nurse Aide Registry of the Indiana State Department of Health is available on the following website: <https://extranet.IN.gov/Weblookup/Search.aspx>. Go to Regulatory Services, click on Indiana Health Care Providers – Professionals tab, click on Nurse Aide with findings. Print this portion of the list where the individual's name should appear. Print the individual's name with an arrow to the location, then initial and date the print-out.*

7. Qualifications (460 IAC 6-5 and 6-14)

- All applications must include evidence that the applicant's employees meet the qualifications for each supported living service for which the applicant is seeking approval to provide.
- See the sections of 460 IAC 6 that address the specific staff's qualifications for each service.

8. Staff Training Curriculum (460 IAC 6-14-4 and 6-16-3)

All applications must include a staff training curriculum/manual that includes training given to staff specifically related to the service(s) provided and for which the applicant is seeking approval to provide. (If employing staff)

9. Policies and Procedures Manual – Operations Manual

All applications must include the policies and procedures of the applicant's organization. The following must be included in the policies and procedures of the organization and must meet the minimum standards set forth in 460 IAC 6:

- Code of Ethics (460 IAC 6-14-7 and 460 IAC 6-36);
- Rights of an Individual (460 IAC 6-8);
- Protection of an Individual (460 IAC 6-9-2; 6-9-3; 6-9-4);
- Incident Reporting (460 IAC 6-9-5);
- Transfer of an Individual's Records (Except E-Mods, SMES, PERS) (460 IAC 6-9-6);
- Notice of Termination of Services (460 IAC 6-9-7);
- General Administrative Requirements for Providers (460 IAC 6-10);
- Personnel Policies (460 IAC 6-16-2; 6-16-3; 6-16-4);
- Maintenance of Records of Services Provided (460 IAC 6-17-2; 6-17-3; 6-17-4);
- Behavioral Support Plan (BMAN level 2 and IBI level 1 & 2 only) (460 IAC 6-18);
- Training Services, if applicable (460 IAC 6-24)

10. Quality Assurance and Quality Improvement (460 IAC 6-10-10)

All applications must include documentation of an internal quality assurance and quality improvement system.

11. Proof of National Accreditation

- If applying to provide Day Services (Employment Services) (460 IAC 6-5.29), submit proof of accreditation by (or proof of application to seek accreditation from) one of the following organizations:
  - The Commission on Accreditation of Rehabilitation Facilities (CARF) or its successor;
  - The Council on Quality and Leadership in Supports for People with Disabilities or its successor;
  - The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or its successor;
  - The National Commission on Quality Assurance or its successor;
  - An independent national accreditation organization approved by the Secretary of FSSA.
- Application for a survey through the accrediting entity for a new service must be submitted within one year of receiving approval.
- The agency must submit to the Bureau of Developmental Disabilities Services proof of application for an accreditation survey, and a copy of the letter from the accrediting entity indicating accreditation for a one (1) to three (3) year period.

## **Additional Requirements**

Some services (as noted above) have additional requirements beyond the 11 items outlined above. Those additional requirements are listed below, by service.

### Environmental Modifications

- Must have three (3) references from completed jobs.
- Licensed or bonded status, if applicable.
- Warranty
- Product Information
- ADA compliance documentation completed

### Personal Emergency Response Systems

- Must have three (3) references from completed jobs.
- Licensed or bonded status, if applicable.
- Warranty
- Product Information
- ADA compliance documentation completed

### Specialized Medical Equipment/Supplies

- Must have three (3) references from completed jobs.
- Licensed or bonded status, if applicable.
- Warranty
- Product Information
- ADA compliance documentation completed